



Claims Clues



A Publication of the AHCCCS Claims Department

December, 2002

'By Report' Pricing Percentage Revised to 65%

The AHCCCS Administration has revised its fee-for-service fee schedule payment rate for manually priced ("By Report") services for dates of service on and after October 1, 2002.

The new AHCCCS payment rate is 65 per cent of covered billed charges, a decrease from the

previous rate of 80 per cent of covered billed charges. The revision applies to all services on the fee-for-service fee schedule for which AHCCCS has not established a capped fee.

If there is a capped fee for the service, covered charges are priced at 100 per cent of the billed charges or the capped fee for

service, whichever is less.

The AHCCCS fee schedule is available on the AHCCCS Web site at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Shortcuts" section. Click on the link to the fee schedule. □

Updated Provider Manual Available on Web

The *AHCCCS Fee-For-Service Provider Manual* has been updated and is available on the AHCCCS Web site.

Providers are encouraged to use the on-line version of the manual. A paper copy will not be automatically mailed to every provider as in previous years.

Providers who do not have Internet access may request a paper copy by submitting the form

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attached to this issue of *Claims Clues*.

The first copy of the manual is free. Additional copies cost \$75 each.

To view the manual on line, visit the AHCCCS Web site at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Additional Information" section. Click on the link to the *Fee-For-Service Provider Manual*. □

Providers Using Web To Check Eligibility, Claims

More than 200 AHCCCS providers are using a new Web application that allows them to verify eligibility and enrollment and to check the status of fee-for-service claims using the Internet.

The Web-based application initially was made available to providers in stages, based on provider ID number. Now, all providers may create accounts.

To create an account and begin using the applications, providers must go to the AHCCCS Home Page at www.ahcccs.state.az.us.

Once at the Home Page, click on the Information for Providers link to go to the Providers page. A link on the Providers page will allow providers to create an account and view eligibility and claim information.

The site is secured through a security module developed by AHCCCS that requires a user login. VeriSign software is used to secure the data transferred over the Internet.

Once a provider has access to the site, the provider can query information relating to any of their

patients who are recipients in the system. Providers also can obtain Medicare/TPL information for a recipient.

The Claim Status page allows providers to view detailed information relating to the claim, including status history, edit history, and accounting summary.

There is no charge to providers for creating an account, and there is no transaction charge.

Providers who have questions about the Web-based application should call AHCCCS Customer Support at (602) 417-4451. □

Software Upgrade to Cancel Jan. 4 Payment Cycle

AHCCCS will not run its fee-for-service payment cycle on January 4, 2003 because of a software upgrade to the AHCCCS financial system.

The AHCCCS system will be down from January 1 – 5 while

the software upgrade process is underway.

AHCCCS will return to its normal fee-for-service payment cycle on January 11. This will include reimbursement for claims that would have been paid on

January 7, 2003.

The fee-for-service payment cycle normally runs on Saturdays, with checks being mailed to providers on the following Tuesday. The checks are dated with a Tuesday date. □

Leave Other Insurance Fields Blank When AHCCCS Is Primary

Providers who submit electronic claims to the AHCCCS Administration should leave the fields for allowed amount, deductible, and coinsurance blank if the recipient has no coverage other than AHCCCS.

Entering zeroes in the other insurance fields means that the provider has submitted the claim to a primary carrier and the carrier denied the claim or made no payment.

The AHCCCS Claims System automatically pends zero-filled

claims so that Claims staff can determine if the claims were zero-filled appropriately. Zero-filling claims for recipients who have no coverage other than AHCCCS causes these claims to pend unnecessarily and delays reimbursement to the provider. □

AHCCCS Puts Limits on Claim Changes Via Phone

Providers may no longer correct UB-92 claims by contacting the AHCCCS Claims Customer Service Unit.

The policy change will help reduce the volume of calls to the Customer Service Unit and allow Customer Service Representatives more time to respond to provider inquiries. The policy change also will eliminate the potential for keying errors that may occur.

UB-92 billers must either use the Claim Correction Request Form (available from the Customer

Service Unit) or resubmit the claim to make any changes.

HCFA 1500 billers may correct some claim errors over the phone or by using the Claim Correction Request Form.

The following HCFA 1500 claim errors can be corrected over the phone or by using the Claim Correction Request Form:

- Enter Medicare or other insurance amounts if provider faxes the explanation of benefits with the Claim Correction

Request Form

- Change, add, or delete a procedure modifier
 - Change the number of units
- To correct errors over the phone, providers should call the Claims Customer Service Unit at:

Phoenix Area: (602) 417-7670

In state: (800) 794-6862

Out of state: (800) 523-0231

The Claim Correction Request Form must be faxed to the AHCCCS Claims Research/Adjudication Unit at (602) 253-5472. □

Manual Chapter Updated to Clarify Reimbursement

Chapter 11 of the *AHCCCS Fee-For-Service Provider Manual* has been updated to clarify reimbursement of inpatient hospital claims.

The paragraph that begins “Reimbursement for the emergency room, ...” has been revised to read:

“Reimbursement for the emergency room, observation, and

other outpatient hospital services provided before the hospital admission are included in the tiered per diem payment. A UB-92 outpatient claim will pend for review if the hospital has previously submitted an inpatient claim for the same recipient for the same date of service.”

The on-line version of the manual will be updated monthly,

if warranted. Updates may occur more frequently at the direction of the AHCCCS Claims Administrator. Updates will be announced in *Claims Clues*.

Providers who request a paper copy of the manual will not receive paper copies of updates. Providers must note changes as they are announced in *Claims Clues*. □



AHCCCS Fee-For-Service Provider Manual



The *AHCCCS Fee-For-Service Provider Manual* is intended for use by providers' billing staffs and contracted billers. The manual provides information about AHCCCS, coverage of specific services, and requirements for completion and submission of fee-for-service claims to the AHCCCS Administration. Use of the manual will help reduce questions about coverage of services, recipient eligibility, and proper billing procedures and expedite the claims process by ensuring that claims are filed correctly the first time.

The manual is only for **fee-for-service claims**. It is **not** a substitute or replacement for a health plan's or program contractor's manual. If you contract with one or more AHCCCS health plans or program contractors, please follow their instructions when providing and billing for services rendered to a recipient enrolled with that health plan or program contractor.

This manual is available on line at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Additional Information" section. Click on the link to the *Fee-For-Service Provider Manual*.

Any changes to the manual will be made on-line and available to providers for viewing. You will be able to print a copy of the manual from the on-line version. However, if you want a paper copy of the manual, please complete the form below and send it to:

AHCCCS Provider Registration
Mail Drop 8100
701 E. Jefferson St.
Phoenix, AZ 85034

Note: Your first paper copy of the manual is free. If you want more than one copy, the cost is \$75 per additional copy to offset printing, mailing, and handling. Please make checks payable to "AHCCCS Administration."

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Provider Name: _____

AHCCCS Provider ID: _____

Name of Contact Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Number of manuals requested: _____ Is this your first copy? ☐ Yes ☐ No